

EXPANDING ACCESS TO PrEP THROUGH COMMUNITY-BASED DELIVERY

PrEP Learning Network Webinar Series

Thank you to our speakers from The Luke Commission in Eswatini and Right to Care in South Africa, as well as attendees who participated in the fourteenth PrEP Learning Network webinar. In this webinar, we heard from The Luke Commission on their community-based mobile outreach model for PrEP delivery and from Right to Care on their ATM-style drug distribution system, courier pharmacy and use of smart locker collection points for ART. In case you missed it, you can access the [webinar recording here](#).

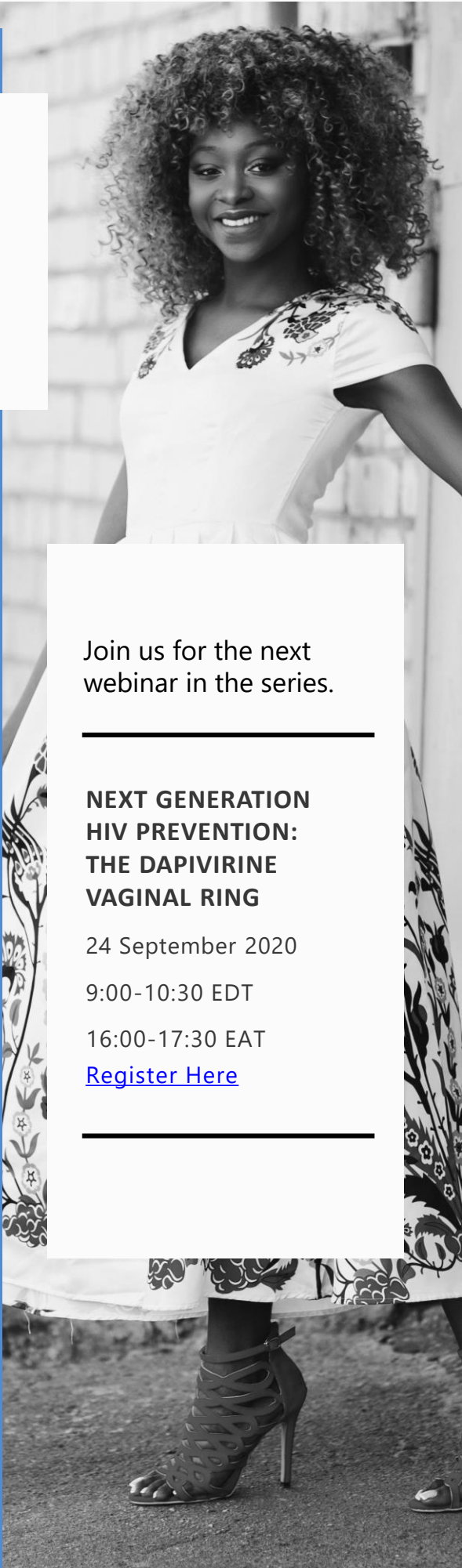
Top 15 Questions

This topic generated a lot of discussion and questions! Below is an extensive summary of the Q&A for those seeking more information on these programs. Learn more by listening to the webinar recording, accessing complementary resources, signing up for future webinars, or visiting the [PrEP Virtual Learning Network](#) page.

[The Luke Commission in Eswatini](#)

1. How are the HIV self-test (HIVST) kits distributed in the community, and how are patients linked with the facility for PrEP initiation? How does the initiation process work?

The Luke Commission (TLC) sends small outreach teams to work with community cadres in distributing self-test kits to patients who need them. These community cadres include members from churches in the community trained through the PEPFAR Faith and Community Initiative (FCI). FCI participants have been educated on PrEP. In turn, they educate those receiving self-test kits.



Join us for the next
webinar in the series.

NEXT GENERATION HIV PREVENTION: THE DAPIVIRINE VAGINAL RING

24 September 2020

9:00-10:30 EDT

16:00-17:30 EAT

[Register Here](#)

Top 15 Questions (continued)

Community cadres follow up with HIVST kit recipients. In addition, they advise their cadre mentor, stationed at the field facility, if a recipient is interested in PrEP. To ensure rapid initiation, TLC can schedule a time for them to come to the facility for PrEP initiation, send a TLC team to them, or link them to the closest site offering initiation.

TLC uses risk assessment forms in parallel with the HIV self-test process so that TLC counselors can assess a patient's risk. PrEP is not initiated based on results of oral self-test kits. We confirm with regular testing (at the facility or in the field) before PrEP initiation and at all PrEP refills. Creatinine tests are the only laboratory test conducted, and TLC does not wait for these results prior to initiation unless the client is over age 50 or has risk factors for kidney function disease.

2. How often do you do refresher training for the team in the field on self-testing and PrEP for it to run smoothly?

TLC operations, counseling, and medical staff train on PrEP and HIVST as part of their onboarding process to the organization. Follow-up sensitizations occur on a routine basis, and facility and field managers remind staff frequently to continue sensitizing clients on the availability of PrEP and to encourage uptake. Our FCI community cadre team was trained on HIVST in March 2020, but COVID-19 delayed distribution until June. The community team is mentored through a WhatsApp group or in person weekly and encouraged to continue in demand creation for PrEP. Automated quality assurance checks from our electronic medical records throughout the PrEP initiation process ensure all protocols are followed.

3. To what extent is there stigma associated with providing PrEP alongside ART? Do you see any resistance to getting PrEP refills in these community settings?

To date, TLC has not fielded complaints from PrEP clients. TLC actively works to eliminate stigma, labeling medications discreetly and providing care as part of a comprehensive health platform that offers 42 separate medical services. Prior to a community outreach, clients and community leaders are called and told that TLC will be in the community offering multiple health services. In addition to PrEP and ART, TLC offers family planning, drug refills for noncommunicable diseases, condom distribution, sexual reproductive health services, and general medical consultation for those accessing sites for refills. We also make sure we do not label treatment areas as being for one service or another. No one knows what services the person sitting next to them is accessing.



Top 15 Questions (continued)

4. Which data management platform are you using to link all these visits for a particular client?

TLC uses a custom-built, integrated data management system developed on the FileMaker Pro platform. One database houses inventory and other organizational functions; a second database holds electronic medical records. This custom system has enabled TLC to make changes and additions easily—often in near-real time—when new programs are rolled out and as existing programs are updated.

5. For how long do you retain clients on PrEP and follow up?

Follow-up is determined by the individual's risk situation, whether temporary or long-term. Many PrEP clients choose to take PrEP temporarily. Some clients stop and start due to risk, others due to convenience. During COVID-19 travel restrictions, we have seen some PrEP clients stop using PrEP. Unlike ART clients, PrEP clients do not appear to be as motivated to continue use since they are healthy, and PrEP is one of many ways they can prevent HIV. The more we can learn about PrEP cycling, the more we can normalize the varied patterns of use. We are currently working to extract data about PrEP cycling and look forward to the insights that may provide.

6. Have you introduced any changes or service delivery mitigation efforts during the COVID-19 pandemic?

The main change was getting out into the communities for refills. It is a lot more efficient to send a small team to a community once every three months than to have clients get public transport to our facility. COVID-19 pushed the TLC team into action on this community service that we had already planned to add.

7. Is PrEP for everyone in Eswatini or it is only for specific target populations?

PrEP is for anyone older than 16 years old who wants it and perceives themselves to be at risk. Adolescent girls and key populations are targeted for demand creation efforts, but anyone can access PrEP. Those younger than 16 and at risk—for example, girls who have an STI or are pregnant—are also eligible. The most common reason for people initiating PrEP is because they suspect their partner might have multiple partners. The second most common reason is that they themselves have multiple partners or are in a serodiscordant relationship.



Top 15 Questions (continued)

8. Eswatini reached 95/95/95 (congratulations!). How do prevention and PrEP fit within this context?

Maintaining 95/95/95 is critical to ongoing prevention. If people come out of care while on ART, they can contribute to new infections if they are no longer virally suppressed. Since ART requires lifelong adherence, prevention plays an ongoing role. PrEP is important in the context of delayed diagnosis. We see substantial delays in the cascade between infection and viral suppression, and PrEP can help in preventing infection transmission by undiagnosed HIV+ clients.

Some key populations have not yet reached 95/95/95. Prevention efforts are critical to help identify those who haven't been tested yet, including AGYW/M who are becoming sexually active.

9. How often do your teams go to the community to provide refills? How do you balance/meet the demands for the varied refill timelines?

Most community sites receive quarterly visits. TLC's maximum refill length is three months, with HIV tests conducted at every refill. We try to align people's refill dates with the date we will be in their community. If they need a refill in one month and we will not be there for another two months, we advise them to do one refill in the facility first and then transition to the community refill.

Alternately, clients can choose any one of the 60 refill sites across Eswatini. Some clients opt for a short refill to align their refill schedule with the schedule set in the community. TLC's urban mobile clinic offers refills four days per week (Tuesday-Friday). We also provide contraceptive refills during these visits.

Right to Care in South Africa

10. How are people determined to be eligible to use the pharmacy dispensing unit (PDU)?

Any patient referred from the facilities is eligible to make use of the PDU. These are stable patients, meaning there have been no complications and they are adherent to treatment. The health care professional identifies people who are eligible and identified as chronic/stable who are able to use this service. Those with viral suppression, no complications, and who are regarded as stable can use the models. Chronic conditions can span ART delivery and the solution is best performed in a community where multiple chronic conditions are supported.



Top 15 Questions (continued)

11. Is the live tele-pharmacy service available in multiple languages?

Yes, the call center with whom PDU patients connect covers multiple languages.

12. How will these distribution methods be used for PrEP delivery?

Both the PDU and smart lockers are currently used for ART delivery (as well as medications for non-communicable diseases). We are hoping to provide the same model for PrEP. The PDU works like an ATM and allows collection of medicines at any site. In the case of the smart lockers, clients can choose their preferred site and the pre-dispensed items will be made available at the selected location. Our model is to have this implemented (including pre-loaded) with PrEP in support of a call center-based support program to clear the patient for PrEP collection at a locker location that is convenient to them. The PDUs are in a semi-private area and there is a phone set available, which helps maintain confidentiality during remote counseling. The call center process then continues with the follow-up and testing requirements. Tele-pharmacy and e-health are some of the most important things happening in the health care sector right now. It's exciting to see where this might lead.

13. How are the units affected by power outages/load shedding? Have vandalism or theft been an issue?

Power is a challenge at some sites, but all sites have UPS back-up, and some sites have generator backup in addition. One of the biggest challenges is stable internet connectivity. Since the implementation of the systems in 2016, we have had no vandalism to any of the PDUs.

14. How has community acceptance of these distribution methods been?

We have had radio interviews to educate and create interest in this program. Just this morning, we were asked to do a full panel on Alex FM (local radio station). The approach has been visible and well-received, and these installments are starting to be viewed as part of the communities. We most recently launched the smart lockers, as it was requested that we fast track these. We planned on doing this the end of the year, but the first ones were introduced in May, and others in June/July. The success of the PDU has paved the way for this rapid rollout of the smart lockers.



Top 15 Questions (continued)

15. It appears from the presentation that people who use the system tended to be older. Does this type of system work for younger people and key populations?

When we started with the PDUs the age band of those using the service was actually higher. What we've seen is that age bands are coming down. This varies from township to township however. The data is telling us where we need to direct more frontline staff with education. PDUs are available 7 days a week, so there is a lot more access than a health care facility. Young people are starting to use the service over the weekends, but we have a lot do in terms of marketing in the future.

ADDITIONAL RESOURCES

The EpiC project released a strategic guide for scale up of decentralized distribution of ART (December 2019) and much of this could be applied to PrEP. This can be accessed [here](#) for more information!

We hope you join us again on [September 24!](#) Our next webinar will focus on the dapivirine vaginal ring, which just recently received a positive opinion from the European Medicines Agency and will continue moving through the regulatory process as a new HIV prevention option for women. Presenters will include the International Partnership for Microbicides, Afton Bloom, and representatives from MOHCC in Zimbabwe and NASCOP in Kenya to provide perspectives on key national considerations for dapivirine ring introduction. Visit the [PrEP Virtual Learning Network](#) for more information on previous or upcoming sessions.

